

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number CAD008342784	2. Page 1 of 1	3. Emergency Response Phone 818-241-2844	4. Manifest Tracking Number 000894260 FLE				
5. Generator's Name and Mailing Address AUTOMATION PLATING 927 THOMPSON AVE. GLENDALE, CA 91201 818-241-2844						Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name INDUSTRIAL WASTE UTILIZATION INC.						U.S. EPA ID Number CAD980585293			
7. Transporter 2 Company Name						U.S. EPA ID Number			
8. Designated Facility Name and Site Address US ECOLOGY HWY 95 AT 11 Miles South of Beatty BEATTY, NV 89003 775-553-2203						U.S. EPA ID Number NVT330010000			
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes	
		1. RQ, Hazardous waste, solid, n.o.s. (F006 filter cake)9 NA3077 III		016 BA		016	Y	181 F006	181
		2. 34,360#							
		3.							
		4. JAN - JUNE 2007 51.9 TONS							
14. Special Handling Instructions and Additional Information 951 (11a)-F006 filter cake w/cadmium/zinc - Approval #07-012-8935 2007 TOTAL = 84.6									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offeree's Printed/Typed Name PAT KINZ				Signature PAT Kinz				Month Day Year 11 29 07	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name MCMANAMA, LARRY L. Transporter 2 Printed/Typed Name									
Signature MCMANAMA				Signature MCMANAMA				Month Day Year 01 29 07	
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number:									
18b. Alternate Facility (or Generator)						U.S. EPA ID Number			
Facility's Phone:									
18c. Signature of Alternate Facility (or Generator)						Month Day Year			
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1.		2.		3.		4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature Month Day Year									